

**NORTH ATLANTIC TREATY ORGANIZATION (NATO)
STATUS OF FORCES AGREEMENT**

VEHICLE IDENTIFICATION NUMBER	MAKE OF VEHICLE	VEHICLE LICENSE NUMBER
-------------------------------	-----------------	------------------------

You qualify for this exemption if your duty station is located in California and your vehicle is not used in a trade or business.

I am a member of a force or civilian component of _____ which is a member of NATO.
COUNTRY

I am now stationed at _____ California, with the _____
DUTY STATION UNIT

This can be verified by my commanding officer, who can be reached at _____
TELEPHONE NUMBER

I am not a resident of United States, my legal residence is _____
COUNTRY

ID and Movement Order or Passport Verified _____
OFFICE DATE ID # DMV TECH INITIALS

THE INFORMATION YOU ARE PROVIDING IS SUBJECT TO DEPARTMENT OF DEFENSE VERIFICATION AND DMV AUDIT.

EXECUTED ON (DATE)	AT (CITY)	STATE
--------------------	-----------	-------

I certify under penalty of perjury that the foregoing is true and correct.

PRINT TRUE FULL NAME	SIGNATURE X	DAYTIME TELEPHONE NUMBER ()
MAILING ADDRESS	CITY	STATE ZIP CODE

REG 5046 (NEW 5/2004) WWW

CUT ON LINE AND SAVE FOR YOUR RECORDS

**NORTH ATLANTIC TREATY ORGANIZATION (NATO)
STATUS OF FORCES AGREEMENT**

VEHICLE IDENTIFICATION NUMBER	MAKE OF VEHICLE	VEHICLE LICENSE NUMBER
-------------------------------	-----------------	------------------------

You qualify for this exemption if your duty station is located in California and your vehicle is not used in a trade or business.

I am a member of a force or civilian component of _____ which is a member of NATO.
COUNTRY

I am now stationed at _____ California, with the _____
DUTY STATION UNIT

This can be verified by my commanding officer, who can be reached at _____
TELEPHONE NUMBER

I am not a resident of United States, my legal residence is _____
COUNTRY

ID and Movement Order or Passport Verified _____
OFFICE DATE ID # DMV TECH INITIALS

THE INFORMATION YOU ARE PROVIDING IS SUBJECT TO DEPARTMENT OF DEFENSE VERIFICATION AND DMV AUDIT.

EXECUTED ON (DATE)	AT (CITY)	STATE
--------------------	-----------	-------

I certify under penalty of perjury that the foregoing is true and correct.

PRINT TRUE FULL NAME	SIGNATURE X	DAYTIME TELEPHONE NUMBER ()
MAILING ADDRESS	CITY	STATE ZIP CODE

REG 5046 (NEW 5/2004) WWW